SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS						1.	UMBER	PAGE OF						
OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30							REQ-2400-06-0065							
2. CONTRACT N			3. AWARD/		ER NUMBER				5. SOLICITATION NUMBER	ER	_	6. SOLICITATION ISSUE DATE		
G3-33r-	02021		EFFECTIVE DAT	CPS	C-F-06-	0057						ISSUE DATE		
	R SOLICITATION	a. NAME					6. TELEPHON		•	8. OFFER	DUE DATE/	LOCAL TIME		
	RMATION CALL:	Peter Ne		<del>,</del>		40 THE ACC		4-70	<u> </u>	_				
9. ISSUED BY			CODE	FMPS			QUISITION IS RESTRICTED O	₹	SET ASIDE:	% FOR:				
CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY					SMALL BUSINESS EMERGIN BUSINESS						SMALL			
ROOM 51	7					NAICS: 42			BUSINESS					
BETHESD	A MD 20814					SIZE STAND	ARD:		SERVICE-DISABLEI		□8(A)			
TION UNLE	11. DELIVERY FOR FOB DESTINA- TION UNLESS BLOCK IS  MADEED  12. DISCOUNT TERMS  Net 3.0						IS CONTRACT		13b. RATING	13b. RATING				
SEE SCHED	inne						AS (15 CFR 700			14. METHOD OF SOLICITATION  ☐RFQ ☐IFB ☐ RFP				
15. DELIVER TO		CODE	ITIM			16. ADMINIS	TERED BY				MPS			
						┥				Ľ				
CONSUMER PRODUCT SAFETY COMMISSION DIVISION OF INFORMATION MANAGEMENT 4330 EAST WEST HIGHWAY					CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY									
ROOM 50	6					ROOM 5	17							
BETHESD.	A MD 20814					BETHESDA MD 20814								
17a. CONTRACT	TOR/ CODE 1	54869622	FACILITY			18a. PAYME	NT WILL BE MA	DE BY		CODE				
OFFEROR	`					1				<u> </u>				
TRANSOU	RCE COMPUTER	S				CONSUMER PRODUCT SAFETY COMMISSION								
	RLO GOUIN					DIVISION OF FINANCIAL SERVICES								
	24TH AVE					4330 EAST WEST HWY								
SUITE 10	AZ 85029-47	0.3				ROOM 522 BETHESDA MD 20814								
PHOENIX	AZ 83023-47	<i>J</i> J				BEITHOUR PID 20017								
TELEPHONE NO	o. (602)	997-8101 X3	9											
17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER						18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED ☐ SEE ADDENDUM								
19. ITEM NO.		SCHEDULE	20. OF SUPPLIES/S	ERVICES			21. QUANTITY	22. UNIT	23. UNIT PRICE		24. AMOUN	ıτ		
	Tax ID Numb DUNS Number	per: 86-049												
	THE CONTRACTOR SHALL PROVIDE COMPUTER EQUIAS DESCRIBED BELOW.					PMENT								
	Delivery: 7	Days After	· Award											
0001	P/N: 731828 Fujitsu FI- Continued .	5750C Color				4.0	2	EA	5,689.00	11,3	378.00	)		
	<u> </u>	rse and/or Attach A	dditional She	ets as Nec	essary)			<u> </u>				-		
25. ACCOUNTING AND APPROPRIATION DATA 06-CC-EXIT-IT-2400-99948-311E						26. TOTAL AWARD AMOUNT (For Govt. Use Only) \$15,976.00								
27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 A					AND 52.212-5 ARE ATTACHED. ADDEND									
☐ 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4, FAR 52.212-5 IS ATTACHED. ADDENDA ☐ ARE ☐ ARE NOT ATTACH								OT ATTACHED						
☐ 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN  COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER  ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL  SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED HEREIN.														
30a. SIGNATURE OF OFFEROR/CONTRACTOR  31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)														
30b. NAME AND TITLE OF SIGNER (Type or print)  30c. DATE SIGNED						1	J. Fr	•	OFFICER (Type or print)		SIL SATI	E SIGNED		
11/21/05/200	FOR LOCAL PERPORT	27:21									<del></del>	<del></del>		

19. ITEM NO.			21. QUANTITY	22. UNIT	23. UNIT PI		24. AMOUNT				
	PLU, MFG#	CG01000-518501	-	· ·							
0002	P/N: 34021A LV SCNCR + NBD CONS PLT, 3097/4750/5650/5750/4097 Low Volume Scancare Plus Post Warranty 1 Year next business day (Includes 1 ScanAid Kit, 2 preventive maintenance visits, parts and labor)						EA	1,4	89.00	2,978.00	
0003	MFG# CG010	A		. PineWine		2	EA	8	10.00	1,620.00	
	VirtualReScan (VRS) 4.0 Plus USB FireWire Workgroup Scanning, MFG# VP-WF04-00U1										
0004	SHIPPING: FOB DESTINATION (NO CHARGE)					1	EA		0.00	0.00	
		amount of award: \$ for this award is									
32a. QUANTIT	Y IN COLUMN 21 HAS			AND CONFORMS TO TH	E CONTRA	CT, EXCEP	TAS	_			
32b. SIGNATURE OF AUTHORIZED GOVERNMENT DEDDECEMPATIVE  32c. DATE 32c						I. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE					
						TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE  . E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE					
33. SHIP NUMBER				DRRECT FOR		PAYMENT 37. CHECK NUMBER  COMPLETE PARTIAL FINAL					
38. S/R ACCOL		39. S/R VOUCHER NUMBER	40. PA	ID BY			_			<del></del>	
41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT 41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER 41c. DATE					42a. RE	42a. RECEIVED BY (Print)					
						42b. RECEIVED AT (Location)  42c. DATE REC'D (YYMM/DD)  42d. TOTAL CONTAINERS					
		· <del>·····</del>									